

DEPARTMENT OF HEALTH AND HUMAN SERVICES NATIONAL INSTITUTES OF HEALTH PROPOSAL SUMMARY AND DATA RECORD	RFP NUMBER/CONTRACT NUMBER
PROJECT TITLE (Title of RFP or Contract Proposal)	
LEGAL NAME AND ADDRESS OF OFFEROR	PLACE OF PERFORMANCE (Full address including ZIP)
TYPE OF CONTRACT PROPOSED <input type="checkbox"/> COST-REIMBURSEMENT <input type="checkbox"/> FIXED PRICE <input type="checkbox"/> COST-PLUS FIXED-FEE <input type="checkbox"/> OTHER	
ESTIMATED TIME REQUIRED TO COMPLETE PROJECT	PROPOSED STARTING DATE
ESTIMATED DIRECT COSTS IN PROPOSED YEAR (From Budget)	
DOES THIS PROPOSAL INCLUDE A SUBCONTRACT? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, please furnish name and location of organization, description of services, basis for selection, responsible person employed by subcontractor and cost information.	
NAME AND TITLE OF PRINCIPAL INVESTIGATOR	EST. HOURS WEEKLY AREA CODE/TEL. NO.
NAME AND TITLE OF CO-INVESTIGATOR (Use attachment if necessary)	EST. HOURS WEEKLY AREA CODE/TEL. NO.
NAME AND TITLE OF INDIVIDUAL(S) AUTHORIZED TO NEGOTIATE CONTRACTS	
NAME AND TITLE OF INDIVIDUAL(S) AUTHORIZED TO EXECUTE CONTRACTS	
DOES THIS PROPOSAL INVOLVE EXPERIMENTS WITH HUMAN SUBJECTS? <input type="checkbox"/> YES <input type="checkbox"/> NO Institution's General Assurance re: Human Subjects DATE APPROVED _____ PENDING _____ Institution's Review Board's approval of this proposal DATE APPROVED _____ PENDING _____ An example of the informed consent for this study is enclosed <input type="checkbox"/> YES <input type="checkbox"/> NO A Clinical Protocol is enclosed <input type="checkbox"/> YES <input type="checkbox"/> NO	
OFFEROR'S ACKNOWLEDGEMENT OF AMENDMENTS TO THE RFP (USE attachment if necessary)	
ERRATA NUMBER	DATE
ERRATA NUMBER	DATE
NAME, ADDRESS, AND PHONE NUMBER OF COGNIZANT GOVERNMENT AUDIT AGENCY	NUMBER OF EMPLOYEES CURRENTLY EMPLOYED
	DOLLAR VOLUME OF BUSINESS PER ANNUM
	THIS OFFER EXPIRES _____ DAYS FROM THE DATE OF THIS OFFER. (120 DAYS IF NOT SPECIFIED)
FOR THE INSTITUTION	
SIGNATURE OF PRINCIPAL INVESTIGATOR	SIGNATURE OF BUSINESS REPRESENTATIVE
TYPED NAME AND TITLE	TYPED NAME AND TITLE
EMPLOYER IDENTIFICATION NUMBER	DATE OF OFFER